PUBLIC HEALTH
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Mutual Aid Among States, Provinces, And Territories: Lessons Learned

Developing and Sustaining an Operational Plan

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Overview

- - Tasks
- - Guidance Documents
- - Plan Development Process
- - Approval Process
- - Training
- - Tabletop Exercise

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Identify the cross border task

- **Essential disciplines and jurisdictions:**
  - Federal: USCBP, CBSA, USDA, FDA, CFIA, Immigrations, ??
  - State/Provincial: Border Alliances, Public Health, Emergency Medical Services, Emergency Management, Tribal, Legal, ??
  - Local: LPH, EMS, DEM, Law Enforcement, Dispatch, Local Hospitals, ??

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Identify the cross border task

- **Outline existing Laws and agreements**
  - Create a written list of all International, Federal, State, Provincial, Local requirements
  - Provide work group members the list and documents to e.g. Pacific Northwest Emergency Management Arrangement (PNEMA), MOUs, Policies/procedures, Scope of Practice

    Please refer to Attachment A
  - This builds a common core of background knowledge

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Identify the cross border task

- **Outline Goals**
  - Review laws and agreements to identify the parameters placed upon possible goals
  - List goals and possible strategies
  - Compare goals with laws and agreements

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Identify key individuals or champions

- Jurisdiction specific
- Create a work group contacts list – Thumb Drive
- Lead maintain complete and current list
- Lead maintain current copy of the Plan
- Update date plan as needed. Minimum once a year. Lead review with work group.

Please refer to attachment B and C

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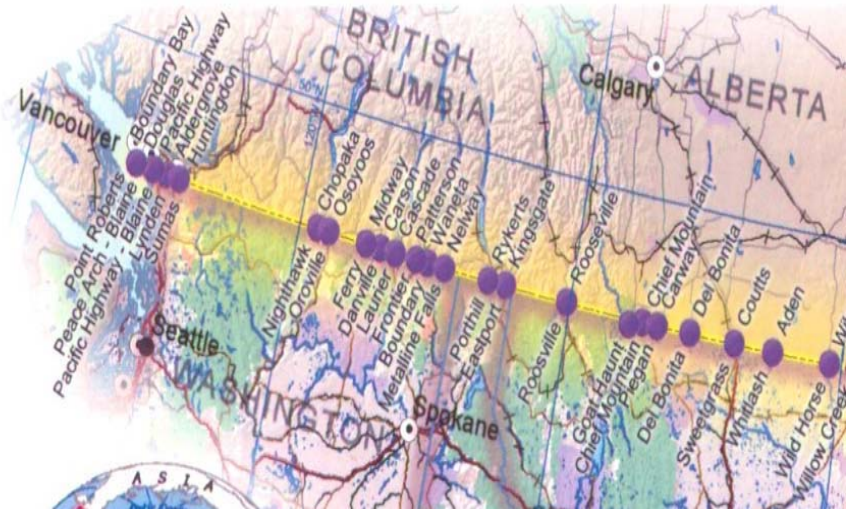

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SAMPLE - Cross Border Work Group Contacts List

PROVINCE STATE	NAME	AGENCY	EMAIL PHONE #	MAILING ADDRESS
British Columbia	Barry Bain,	Manager, Policy, Planning & Research Branch		
	Anita D. Barr	Regional Program Officer Program and Communications Division		
	Bruce Harford	Officer in Charge - International Programmes		
	John Lavery	Executive Director, Emergency Management Branch, Ministry of Health Services		
Washington	Roger Christenson	Whatcom County Fire, Paramedic		
	Adams, Roger	Blaine Resident Post.		
	Rick Buell	Department of Health & Human Services		
	Bret Corneliusen	Program Manager Border Security and Facilitation CBP		
	Debbie Engels	U.S. Customs and Border Protection		

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Accept responsibility to move cross border task forward

- The leads must "buy-in" and accept responsibilities to accomplish task
- Use a calendar and keep this item a high priority
- Keep all work group members informed of status. Phone calls, emails and teleconferences work well. Keep notes!

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Give key individuals authority and support to accomplish task

- This working group must have the support of the policy body or board
- Must work tasks - Bottom-up and Top-down
- Build an agreed upon work plan
- Maintain the work plan schedule
- Keep all informed of the status

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Provide funding (if available), resources, and motivation to accomplish task

- Collaborative funding is the best approach
- Always remain alert for funding opportunities
- CDC Competitive
- Attachment D

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Build a contacts list of individuals or offices that are needed at the Border Crossing

- Jurisdiction specific
- Create a border crossing local responders contacts list
- Border crossing site maintains local list

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Lead must followup with the oversight individual

- Must make periodic followup: phone, email and teleconference status checks
- Emails are usually best – record of all ideas
- Certify emails – provides feedback

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Flexibility

- Be flexible with the approach but always work toward goals and timelines
- Do Not become offended! If someone can find a question or problem, take it seriously and work for a better answer
- New ideas are always welcome
- Respect others time and knowledge

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Assess and respond when a new direction may be needed.

- Know when and how to assess the need for a new direction - Individuals and concepts
- Accept challenges with a positive eye
- Remember what motivates the work group
- Attachment E

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Approval Process

- Each state and province should follow their own process
- Expect delays – do not give up
- Washington State example:
- PNEMA Process
  - Subject Matter Experts (SME) Work Group Draft Plan and recommendations to Program Managers
  - Program Managers to Legal and back
  - Legal to signatories

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Training

- Every Crossing site – 17 Total
- Train-the-Trainer
  - POC - Border Agency Maintains
  - Orientation or Refresher Training – Regional Learning Specialist (RLS) & Senior EMS Instructor (SEI)
- Updates provided as needed – yearly POC list updates

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Tabletop Exercise

- February 2009
- AAR – April 2009
- 2010 may be the test! Are we ready!

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Quality Improvement

- Anytime a new direction is envisioned, reconvene the workgroup via email and teleconference to review and discuss the needs
  - Lessons Learned – Real world event or exercise
  - AAR
  - Laws change

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Summary

- - Tasks
- - Guidance Documents
- - Plan Development Process
- - Approval Process
- - Training
- - Tabletop Exercise

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Motto

- "A kind and understanding attempt at positive communications goes a long way to goal accomplishment" MLS

Washington State Department of Health

Office of Emergency Medical Services and Trauma System

FINAL DRAFT
June 17, 2008

Summary Report and Operational Plan

Cross Border Work Group: *Sharing Healthcare Providers and Resources across the Washington and British Columbia Border*

Washington State Department of Health

BRITISH COLUMBIA
The Best Place on Earth

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FINAL DRAFT
June 17, 2008

Summary Report and Operational Plan

Cross Border Work Group: *Sharing Healthcare Providers and Resources across the Washington and British Columbia Border*

For more information or additional
electronic copies of this report contact:

Washington State Department of Health
Public Health Emergency Preparedness and Response Program
P.O. Box 47890
Olympia, WA 98504-7890

Tel: (509) 456-2904
Fax: (509) 456-3127
Email: Mike.Smith@doh.wa.gov

Mary C. Selecky
Secretary of Health
Washington State Department of Health

George Abbott
Minister of Health
British Columbia Ministry of Health

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Table of Contents

Electronic Copies

Electronic copies of the report may be obtained by contacting Michael Smith, Washington State Department of Health at (509) 625-5172 or by email at Michael.Smith@doh.wa.gov.

Summary Report

Issue: The Emergency Medical Services (EMS) Cross Border Work Group has produced many excellent recommendations to issues and concerns found in the Pacific Northwest Emergency Management Arrangement (PNEMA) and its functional application of PNEMA. This report addresses the issues concerning

- licensed healthcare providers
- resources such as equipment, supplies and ancillary support staff and
- patients and lab specimens crossing the border between Washington State and British Columbia.

This is an all hazards plan that addresses natural disasters such as pandemic influenza, and human-caused disasters, such as explosions, chemical spills, major vehicle accidents, and terrorists attacks.

History: The EMS all hazards discipline has for many years addressed this issue in various ways. Several of the EMS agencies along the border have or had memoranda of understanding (MOU) with their counter EMS partners in Canada. This works only when everyone knows about the MOU, including border security, and they have been involved before the attempted crossing. At present, there is a potential for disconnect that may slow medical care and the transport of patients.

The healthcare providers, in general, also share the potential for border crossing disconnects. The need to provide healthcare providers, specimens, supplies and equipment during a disaster or mass casualty incident (MCI) is real and must be resolved.

Recommendations: The EMS work group submits this report with recommendations in an effort to meet the functional needs of the supporting documents identified below. The report and plan are an all hazards approach to address both natural disasters such as pandemic influenza, as well as man-made disaster events.

The report presents an updated and recommended version of the draft "Washington State Plan for Sharing Healthcare Providers and Resources across the Border with British Columbia" attached. This draft operational plan includes three appendices: Appendix A-Request for

Healthcare Providers and Resources Cross Border Emergency/Disaster Process Checklist, Appendix B-Request for Healthcare Providers and Resources Cross Border Mass Casualty Incident (MCI) Process Checklist, and Appendix C-Medical Staff, Resources and Patients Cross Border Movement Process Checklist. The three appendices were designed to provide functionality to the draft operational plan. A supporting glossary of terms is presented in Attachment 1.

During the development of the process checklist identified in Appendix A, several point-of-contact (POC) matrices were developed. British Columbia POC is found as attachment 3. It is recommended that the POC matrices become a tool and be maintained by the appropriate office within each border crossing office, local public health office, and EMS agency. Please refer to Attachment 3 for the British Columbia and Washington State contacts list.

It is further recommended that upon adoption of an Operations Plan with the three appendices, a training team (train the trainer approach) from both Washington State and British Columbia provide a one to two hour presentation at each border crossing office, EMS agencies/instructor, local public health/instructor, Federal Drug Administration (FDA) agents, and other appropriate agencies and related personnel. It is recommended that the presentation be conducted once in a town hall format at all border crossing locations. The intent is to outline the plan and the appendices, through a standardized approach to implementation, and to help ensure uniformity of communications and application. Future updates may be provided via email, Cross Border Workshop Conferences, or other means. The train the trainer site classes will take approximately four months to complete.

After all training and orientation is complete, a Pan Flu exercise should be conducted at selected border crossings. The Pan Flu exercise should test the Operational Plan's functionality and provide lessons learned to maintain and improve this bi-national arrangement.

Supporting Documents: The Pacific Northwest Emergency Management Arrangement was enacted on April 1, 1996. PNEMA states that: "Each Signatory will use its best effort to facilitate the movement of evacuees, refugees, civil emergency personnel, equipment, or other resources into or across its territory, or to a designated staging area when it is agreed that such movement or staging will facilitate civil emergency operations by the affected or participating Signatories" (Attachment 4- PNEMA page 3).

On November 30, 2003, the Washington State Department of Health, Office of Emergency Medical Services and Trauma Systems completed a notice of adoption of a policy statement. A Cross Border Ambulance Reciprocity Policy/Procedure followed. The Policy Statement fosters a seamless system of transporting patients across Washington State borders by ground or air ambulance (Attachment 5).

The Minister of Health for British Columbia and the Secretary of Washington State Department of Health signed a Memorandum of Understanding (MOU) regarding Public Health Emergencies on June 20, 2006. This MOU was: "…to develop a process necessary to minimize disruption to the delivery of services, medicines, critical lifeline equipment, and other resources, both human and material (Attachment 6 MOU page 1).

Operational Plan for Sharing Healthcare Providers and Resources Across the Washington and British Columbia Border

DRAFT

Operational Plan for Sharing
Healthcare Providers and Resources
Across the Washington and
British Columbia Border

I. Authority: This operational plan is developed in accordance with the Pacific Northwest Emergency Management Arrangement (PNEMA) and ANNEX B of PNEMA.

II. Purpose: The purpose of this plan is to operationalize timely and efficient movement and utilization of health professionals across the Washington border with British Columbia.

III. Activation: Washington's Governor or designee will activate this operational plan for Washington. The Solicitor General will activate this plan for British Columbia.

IV. Concept of Operations:

A. General: When a party to this plan experiences an emergency, disaster or mass casualty incident (MCI) that exhausts, or threatens to exhaust, all resources, the Governor or Premier may initiate action under this operational plan. Requests for assistance will go from the requesting Emergency Operations Center (WA) or Provincial Emergency Program (BC).

Local jurisdictions in Washington must make requests for cross border assistance through their local EOC or its equivalent. Local government in British Columbia must make their requests through their Local Emergency Operations Center. (Refer to Appendix A: Checklist for Requesting Assistance in Emergencies/Disasters)

B. Format: Requests may be verbal or written. The requesting jurisdiction will confirm verbal requests in writing within 15 calendar days of the verbal request. Washington State will use the form prescribed by the Washington State Military Department, Emergency Management Division. British Columbia will use a formal request.

Consistent with PNEMA Administrative Procedures, requests should include the following information:

1. Description of services needed (mission)
2. Number and type of professionals (using pre-identified resource typing designations whenever practical)
3. Estimated length of time needed
4. Specific time and place for staging area (staging location) and contact person
5. Location of service delivery
6. Specific information must be provided in written form (see Licensure and Credentialing issues sections of this plan)

7. Any language requirements for labels and/or instructions
8. Any Strategic National Stock Pile needs

C. Staging and Deployment:

1. State and/or BC EOC will provide information on staging locations to the jurisdiction providing personnel resources. Requested personnel will report to the identified staging location(s) of the requesting state/province for deployment to operational commands. (Refer to Appendices A and B)
2. Staging areas will be hosted by the state or province. Personnel will not be deployed from the staging area until they have been briefed on administrative requirements (travel, communications, and length of deployment) and have necessary protective equipment and vaccinations (as appropriate).
3. Washington local emergency management agencies will assure that Canadian and Washington state healthcare providers who volunteer are registered as emergency workers consistent with WAC 118-04 *prior* to allowing them to deploy from the staging area.

D. Field Support: The responding state/province recruits appropriate personnel and will arrange and provide for travel to staging locations. The requesting jurisdiction will provide management support such as food, lodging and transportation, and return travel and travel arrangements for responders. Once deployed to a duty station, day-to-day support will be provided by the duty station operation command.

E. Demobilization: Demobilization will be defined in deployment information provided to responders by the responding jurisdiction. The State or BC EOC will provide the deployment packet to the responder. Return travel will be arranged by the requesting jurisdiction.

V. Legal and Administrative

A. Liability Protection: In order to receive personal and professional liability protections of PNEMA and state law, personnel deployed to Washington must be registered as emergency workers by the requesting local emergency management agency as specified under RCW 38.52 and WAC 118-04.

B. Workforce Identification and Training:

1. Department of Health (DOH) is responsible to maintain an inventory of medical staff assets deployable under this plan. DOH will create and maintain a database of volunteer providers known as Washington Health Volunteers in Emergencies (WAHVE).

2. Assets identified under an approved resource typing scheme must meet all the training and licensing requirements of that type of asset.
3. Except as might otherwise determined to be necessary, Washington will not form pre-designated teams. Rather, teams will be formed ad hoc at the time a need for a specific team type is identified or thought to be imminent. As such, pre-event collective team training will not be possible.

C. Personal Protective Equipment (PPE) and Vaccination:
1. The requesting jurisdiction will assure that responders will have adequate personal protective equipment and vaccination(s) prior to leaving the staging area.
2. The requesting jurisdiction determines the minimum protection level in terms of PPE and vaccination.

D. Licensure: Whenever a person of the responding jurisdiction holds an active and unencumbered license to practice as a healthcare provider, and such assistance is requested by the requesting jurisdiction, the person is deemed to be licensed to practice by the jurisdiction requesting assistance, to the extent allowed by the requesting jurisdiction's law. The practitioner is subject to limitations and conditions imposed by the requesting jurisdiction. Washington law waives licensing requirements in a declared emergency.

E. Credentialing: The requesting jurisdiction is responsible for providing a descriptive request through the EOC. This request must clearly define scope of practice, any particular skills needed (e.g., licensed and practicing orthopedic surgeon specializing in knee reconstruction) and any licensure or credentialing documentation needed by the medical volunteer, in order to fulfill the request. This portion of the request may not be modified in any fashion by the EOC. The ultimate responsibility for credential verification resides with the requesting facility/end user institution.

F. Reimbursement: Reimbursement will be according to PNEMA and individual agency policies. If there is a conflict, PNEMA provisions prevail.

G. Border Crossing: (Refer to Appendix C)

1. As part of the Western Hemisphere Travel Initiative (WHTI), beginning January 23, 2007, all persons, including U.S. citizens traveling by air between the United States and Canada, will be required to present a valid passport, Air NEXUS card, or U.S. Coast Guard Merchant Mariner Document.

2. As early as January 1, 2008, all persons including U.S. citizens traveling between the U.S. and Canada by land or sea (including ferries), may be required to present a valid passport or other documents as determined by the Department of Homeland Security.
3. The Department of Homeland Security has granted the State of Washington permission to develop, as a pilot project, an enhanced drivers license (or personal

identification card) that will allow the holder to cross the border without the other documents specified above.

Signed in _____, this __ day of _____, 2008

_____	_____
Mary C. Selecky	George Abbott
Secretary of Health	Minister of Health
State of Washington	Province of British Columbia

Appendix A
Request for Healthcare Providers and Resources
Cross Border
Emergency and Disaster Process Checklist
June 17, 2008

Emergency and Disaster Process (Long term is more than 24hr action)	**Comments/Date**	**Yes**	**No**
Disaster Happens			
Identified need for cross border assistance	Identify state, province, or territory resources are or will become overwhelmed		
Pre-notification to Authorized Point of Contact at Health Department	State, province, or territory gives advanced notice of situation, e.g. a pandemic influenza or man made or natural disaster and pending needs		
Authority to respond is received by state emergency operations center (EOC) or provincial emergency program (PEP) for disaster*.	Disaster declaration		
Request made to responding state, province, or territory recognized government authority Sent or received verbal request. Confirm in writing within 15 calendar days.	Critical information received • Description of services needed • Numbers of medical personnel requested • Type of medical personnel requested • Estimated duration • Staging locations • Location of service delivery • Incident Commander • Nature of disaster • Number of patients involved • Contact information • Specimens, illness, Injuries, organs, etc. • Any language requirements for labels and/or instructions • Any Strategic National Stock		

Emergency and Disaster Process (Long term is more than 24hr action)		**Comments/Date**	**Yes**	**No**
		Pile needs • Other		
Disaster information transferred to all agencies per plans		***Examples*** EOC/PEP alerted Customs (U.S. and Canada) contact list is available. The United States Food and Drug Administration (FDA) Office of Crisis Management, Emergency Operations 24/7 # 301-443-1240		
Available responding healthcare providers identified and alerted. Examples include the following healthcare professions	Responding Numbers	Healthcare providers per request and availability.		
Medical Doctors				
Physician Assistants				
Mental Health providers				
Nurses				
Respiratory Technicians				
Emergency Medical Services (EMS) Personnel				
Resource Definition Type		When appropriate, use Resource Type for definitions of medical personnel and equipment. Typing information available at: *http://www.fema.gov/pdf/emergency/nims/508-5_health_medical_resources.pdf* *http://www.fema.gov/pdf/emergency/nims/508-*		

Emergency and Disaster Process (Long term is more than 24hr action)	Comments/Date	Yes	No
	3_emergency_medica_%20services_%20resources.pdf *http://www.fema.gov/emergency/nims/faq/rm.shtm#0*		
Respond as directed by EOC, Public Health, and/or Hospital Response Plans	Per response local plans and agreements		
Recover/Demobilize	Scale down per the incident command system (ICS), emergency response plans, and/or agreements		
Mitigate	Per ICS, emergency response plans, and/or agreements		

* RCW 38.52.010(6)(a) "Emergency or disaster" as used in all sections of this chapter except RCW 38.52.430 shall mean an event or set of circumstances which: (i) Demands immediate action to preserve public health, protect life, protect public property, or to provide relief to any stricken community overtaken by such occurrences, or (ii) reaches such a dimension or degree of destructiveness as to warrant the governor declaring a state of emergency pursuant to RCW 43.06.010.

Appendix B
Request for Healthcare Providers and Resources
Cross Border
Mass Casualty Incident (MCI) Process Checklist
June 17, 2008

- MCI definition in Glossary.

MCI Process (Short duration is 24 hours or less)	Comments/Date	Yes	No
MCI Happens			
Identified as MCI	Multi car, factory explosion, illness, etc. many injured or sick		
Identified need for cross border assistance	Regional/local resources are or will be overwhelmed or out-of reach to respond		
Pre-notification sent to Authorized Point of Contact	On-scene Incident Commander (IC) gives advanced notice of situation, e.g. a pandemic influenza or human caused or natural disaster and pending needs		
Authority to respond received from regional/local authority for MCI per plans and agreements. (each entity must identify positions or individuals that have authority to authorize a response)	Incident commander requests regional/local cross border assistance		
Request for assistance (each entity must identify positions or individuals that have authority to request a response) Sent or received verbal request. Written confirmation within 15 calendar days of verbal request.	Critical information received • Description of services needed • Numbers of medical personnel requested • Type of medical personnel requested • Estimated duration • Staging locations • Location of service		

MCI Process (Short duration is 24 hours or less)		Comments/Date	Yes	No
		delivery • Incident Commander • Nature of MCI • Number of patients involved • Contact information • Specimens, illness, injuries, organs • Other		
Information Transferred • Cross border and local authorities alerted • Local entities per plans and agreements alerted • Customs (U.S. and Canada) provided information contact list is available. • The FDA Office of Crisis Management, Emergency Operations 24/7 # 301-443-1240		Example • Multi-vehicle incident • Illness, injuries, or specimens • Numbers involved • Numbers of and type of medical personnel requested • Estimated duration		
Available responding healthcare providers identified and alerted. Examples include the following healthcare professions	Responding Numbers	Healthcare providers per request and availability.		
Medical Doctors				
Physician Assistants				
Mental Health providers				
Nurses				

MCI Process (Short duration is 24 hours or less)		Comments/Date	Yes	No
Respiratory Technicians				
Emergency Medical Services (EMS) Personnel				
Resource Definition Type		When appropriate, use Resource Type for definitions of medical personnel and equipment. Typing information available at: http://www.fema.gov/pdf/emergency/nims/508-5_health_medical_resources.pdf http://www.fema.gov/pdf/emergency/nims/508-3_emergency_medica_%20services_%20resources.pdf http://www.fema.gov/emergency/nims/faq/rm.shtm#0		
Recover /Demobilize		Scale down per emergency response plans and agreements		
Mitigate		Per emergency response plans and agreements		

Appendix C
Healthcare Providers, Resources and Patients
Cross Border Movement
Process Checklist

NOTE: This checklist is designed with the understanding an approval to move was authorized. This process may be implemented if it was a declaration as with a disaster or on-scene incident commander with a MCI.

June 17, 2008

Process	Comments/Date	Yes	No
Request for assistance was received and approved.	Per designated authority and response plans.		
Responding entities give a preliminary notification to border security point of contact (POC). Via fax to border POCs. (Each entity must identify methods of contacting POCs that have responsibility and authority to meet this need)	Washington State EOC 24/7 #1-800-258-5990 United States Customs and Border Protection (USCBP) numbers are located on the Seattle Field Office (SFO) Port Information spread sheet. (attach 3) Canada Border Services Agency (CBSA) numbers are located on the CBSA spread sheet (attach 3) The FDA Office of Crisis Management, Emergency Operations 24/7 # 301-443-1240		
Account for all responding medical personnel.	Use Incident Command System (ICS) process and forms when available.		
Secure transportation for health care providers, equipment, and supplies movement (each entity must identify plans, agreements or individuals that have responsibility and authority to meet this need)	Per define transport needs. (Resource and Typing Definitions are found in the glossary and the attached web sites.) http://www.fema.gov/pdf/emergency/nims/508-5_health_medical_resources.pdf http://www.fema.gov/pdf/emergency/nims/508-3_emergency_medica_%20services_%20resources.pdf		

Follow CBSA "Procedures for Processing Emergency Support Personnel CBSA - Pacific Region" attached (Each entity must identify methods of contacting POCs that have responsibility and authority to meet this need)
 	
Following information should be provided:
• Nature of emergency and priority of response
• Starting point and destination of emergency vehicles and equipment
• Nature of the transport process and information regarding the number of vehicles, equipment and personnel to be expected
• Details regarding patients (if applicable) to be processed including name, date of birth, citizenship, and place of residence
• Estimated time of arrival at the port of entry
	CBSA
	• If advanced notify CBSA using the Port level contact list attachment 3
	• CBSA representative will direct their call to the Port of Entry where clearance will take place
	• Follow CBSA instructions
	• On duty law enforcement and emergency medical vehicles may utilize the Nexus or emergency Lanes (if available) in order to cross through our Port of Entries (this makes the process much quicker considering there are extremely low volumes expected in these lanes).
	• Our policy states that personnel must stop at the Nexus or emergency lane booth, provide identification and be subject to normal inspection requirements. However, with emergency situations where the well being of a traveler may be negatively impacted by the delay, EMS vehicles will likely be waved through without any reporting requirements. In which case, documentation would not be required.
	• Drivers of vehicle transporting equipment and personnel should adhere to the following:
	  • Carry 2 copies of the equipment list including serial numbers or other uniquely identifiable markings;
	  • Present the list to CBS A for clearance approval upon entry;
	  • Report to a CBSA ot1ice prior to leaving Canada so that the temporary admission documents can be cancelled if completed on entry		

Follow USCBP instructions for best crossing locations and routes (Each entity must identify methods of contacting POCs that have responsibility and authority to meet this need) Following information should be provided:	USCBP The processes are essentially the same. • Notify the port of entry closest to the emergency as soon as possible with information of persons who will be seeking entry into the U.S., patients, doctors, nurses, drivers etc, and nature of the emergency and final destination. • Port personnel will be awaiting arrival of the emergency vehicles and will conduct their inspections accordingly. • Proof of identity/citizenship is required as		

• Name • Date of Birth • Drivers license, Passport # if available • Arrest history if available Contact the FDA Office of Crisis Management, Emergency Operations 24/7 # 301-443-1240	outlined in WHTI to seek entry into the U.S. (waivers of documents are available on a cases by case basis). • There is no blanket exemption for these occurrences for exempting the inspection of pilots, crew and passengers on board an air ambulance responding to or from an emergency in a foreign country, and seeking entry into the United Sates;		
Rendezvous with requesting officials at identified locations	Per Incident Commander (IC) request instructions and agreements		
Accounted for medical staff at the predetermined location or staging area.	Contact IC and use ICS forms when available.		
Provide patient care as needed and requested by medical control hospital and Public Health, etc.	Per patient care protocols, guidelines, emergency response plans and agreements		
Provide patient movement as needed and requested by medical control hospital and Public Health, etc.	Per procedures, emergency response plans and agreements		
Notify Incident command and responding agency or facility if a patient is returned to the original state or province. This is to assure patient accountability and potential infectious control issues.	Potential patients may not be accepted into a country. Unless paroled (USCBP), the patient may be returned to the original country.		
Recover /Demobilize	*Scale down* per emergency response plans and agreements		
Assemble all reports and documents	Per ICS, emergency response plans and agreements		
Mitigate	Per emergency response plans and agreements		

ATTACHMENT 1

GLOSSARY OF KEY TERMS

For the purposes of the NIMS, http://www.fema.gov/nimscast/Glossary.do the following terms and definitions apply:

All Hazards: Any incident caused by terrorism, natural disasters, or any chemical, biological, radiological, nuclear, or explosive (CBRNE) accident. Such incidents require a multi-jurisdictional and multi-functional response and recovery effort.

Emergency or Disaster: "An event or set of circumstances which: (i) Demands immediate action to preserve public health, protect life, protect public property, or to provide relief to any stricken community overtaken by such occurrences, or (ii) reaches such a dimension or degree of destructiveness as to warrant… declaring a state of emergency…."RCW 38.52.010

Emergency Operations Centers (EOCs): The physical location at which the coordination of information and resources to support domestic incident management activities normally takes place. An EOC may be a temporary facility or may be located in a more central or permanently established facility, perhaps at a higher level of organization within a jurisdiction. EOCs may be organized by major functional disciplines (e.g., fire, law enforcement, and medical services), by jurisdiction (e.g., Federal, State, regional, county, city, tribal), or some combination thereof.

Healthcare provider A person who is licensed to practice healthcare within a certain scope. In Washington people in the following professions are considered healthcare providers and the person in the profession will most likely be involved in this operational plan: http://www.doh.wa.gov/licensing.htm. Examples are:

- Advanced Registered Nurse Practitioners
- Airway Technician (and IV/Airway Technician)
- Audiologists
- Certified Nursing Assistants
- Chiropractors
- Chiropractic X-Ray Technician
- Dental Hygienists
- Dentists
- Denturists
- Dietitians/Nutritionists
- Dispensing Opticians
- First Responders
- Fitters/Dispensers - Hearing Aids

- Health Care Assistants
- Hearing and Speech
- Hygienists - Dental
- Intermediate Life Support (ILS) Technician
- IV/Airway Technician
- Licensed Practical Nurses
- Medical Doctors
- Mental Health Counselors
- Midwives
- Naturopathic Physicians
- Nursing (RN, LPN, ARNP)
- Nursing Assistants
- Nursing Technician Registered
- Nutritionists
- Occupational Therapists and Assistants
- Ocularists
- Operator Certification (Water System)
- Ophthalmologists
- Opticians
- Optometrists
- Orthopedics
- Orthotists/Prosthetists
- Osteopathic Physicians
- Osteopathic Physician Assistants
- Paramedics
- Pharmacists
- Pharmacist Assistants
- Pharmacy Technicians
- Physical Therapists
- Physicians
- Physician Assistants (Medical)
- Physician Assistants - Osteopathic
- Podiatric Physicians and Surgeons
- Radiologic Technologists
- Registered Counselors
- Registered Nurses
- Registered Nursing Assistants
- Respiratory Therapists
- Speech Language Pathologists
- Social Workers
- Surgical Technologists
- Veterinarians
- Veterinary Technician
- Water System Operators

- X-Ray Technician

Incident Commander (IC):	The individual responsible for all incident activities, including the development of strategies and tactics and the ordering and the release of resources. The IC has overall authority and responsibility for conducting incident operations and is responsible for the management of all incident operations at the incident site.
Licensure	Licensure includes all levels of credentialing by a regulatory authority. Levels include: registration, certification and licensure.
Mass Casualty Incident	A mass casualty incident is defined as an event which generates more patients at one time than locally available resources can manage using routine procedures. It requires exceptional emergency arrangements and additional or extraordinary assistance. Found on (page 35) of http://www.who.int/hac/techguidance/tools/mcm_guidelines_en.pdf
Mitigation:	The activities designed to reduce or eliminate risks to persons or property or to lessen the actual or potential effects or consequences of an incident. Mitigation measures may be implemented prior to, during, or after an incident. Mitigation measures are often informed by lessons learned from prior incidents. Mitigation involves ongoing actions to reduce exposure to, probability of, or potential loss from hazards. Measures may include zoning and building codes, floodplain buyouts, and analysis of hazard-related data to determine where it is safe to build or locate temporary facilities. Mitigation can include efforts to educate governments, businesses, and the public on measures they can take to reduce loss and injury.
Mutual Aid Agreements	Written agreement between agencies and/or jurisdictions that they will assist one another on request, by furnishing personnel, equipment, and/or expertise in a specified manner. (2004 NIMS Guidance Glossary)
Processes:	Systems of operations that incorporate standardized procedures, methodologies, and functions necessary to provide resources effectively and efficiently. These include resource typing, resource ordering and tracking, and coordination.
Qualification and Certification:	This subsystem provides recommended qualification and certification standards for emergency responder and incident management personnel. It also allows the development of minimum standards for resources expected to have an interstate application. Standards typically include training, currency, experience, and physical and medical fitness.
Recovery:	The development, coordination, and execution of service- and site-restoration plans; the reconstitution of government operations and services; individual, private-sector, nongovernmental, and public-assistance programs to provide housing and to promote restoration; long-

term care and treatment of affected persons; additional measures for social, political, environmental, and economic restoration; evaluation of the incident to identify lessons learned; post incident reporting; and development of initiatives to mitigate the effects of future incidents.

Resources: Personnel and major items of equipment, supplies, and facilities available or potentially available for assignment to incident operations and for which status is maintained. Resources are described by kind and type and may be used in operational support or supervisory capacities at an incident or at an EOC.

Resource Typing: Resource typing is the categorization of resources that are commonly exchanged through mutual aid during disasters. Resource typing definitions help define resource capabilities for ease of ordering and mobilization during a disaster. For additional information please visit http://www.fema.gov/emergency/nims/rm/rt.shtm.

Resource Typing Standard: Categorization and description of response resources that are commonly exchanged in disasters through mutual aid agreements. The FEMA/NIMS Integration Center Resource typing definitions provide emergency responders with the information and terminology they need to request and receive the appropriate resources during an emergency or disaster.

Response: Activities that address the short-term, direct effects of an incident. Response includes immediate actions to save lives, protect property, and meet basic human needs. Response also includes the execution of emergency operations plans and incident mitigation activities designed to limit the loss of life, personal injury, property damage, and other unfavorable outcomes. For additional information please see the NRP, page 72 or the NIMS document, page 136.

Canada Border Services Agency | Agence des services frontaliers du Canada

Attachment 2

Procedures for Processing Emergency Support Personnel
CBSA - Pacific Region

Background

In the event of an emergency, Canada Border Services Agency (CBSA) has specific regulations governing the movement of persons and goods required for an effective response. It is recognized that emergencies can occur as a result of natural disasters such as floods, fire or earthquake, but may also result from an industrial accident or a medical emergency involving one or more patients.

The entry of equipment and personnel, into Canada is controlled by CBSA.

The following procedures have been developed to assist in efficiently processing emergency support personnel, goods and patients (where applicable), in the event of an emergency.

Advance Notification

In an effort to provide expedited processing of emergency vehicles, equipment, personnel, and patients (EMS scenario), it is requested, that advance notification be provided to CBSA, using the Port level contact list provided.

The representative of the appropriate agency, municipal, provincial, state organization or EMS (Emergency Medical Service) provider, will direct their call to the CBSA Port of Entry where clearance will take place, to obtain further advise and guidance.

Emergency Response Personnel and/or a representative, placing the call, should be prepared to provide the following information:

- Nature of the emergency and priority of response (routine, urgent)
- Starting point and destination of emergency vehicles and equipment
- Nature of the transport process and information regarding the number of vehicles, equipment and personnel to be expected
- Details regarding patients (if applicable) to be processed including name, date of birth, citizenship, and place of residence
- Estimated time of arrival at the port of entry

Canada

Program and Communications Division
Pacific Region
May 28, 2008

With advance notification, a CBSA representative will provide direction to the representative regarding the appropriate place of entry. In some cases, this may include the use of the NEXUS lanes at the Ports of Pacific Highway or Douglas. In the case of entry through a Port without a designated NEXUS lane, CBSA will provide instruction on the appropriate place to report to facilitate processing.

When time or circumstances do not permit an official notice of an emergency, Border Services Officers will have to assess the situation as it develops, by consulting with local response agencies or local or regional management representatives.

Documentation

Equipment to be utilized in an emergency response may be impol1ed on a temporary basis, duty free, under Tariff item 9993.00.00 and relieved of the requirement to pay GST under the "Goods for Emergency Use Remission Order".

When time pemits, a Temporary Admission Permit E29B will be issued covering all equipment and supplies, not consumed in Canada. This permit will be issued covering emergency supplies and equipment without collection of security (duty or Goods and Services Tax [GST]).

Border Services Officers will be given discretion to determine the documentation required at the time of importation or entry, based on the nature of the emergency

In the event that documentation is completed, the record will be cancelled whenever evidence that the goods have been consumed or exported from Canada is provided, preferably from an official or person involved in the emergency situation.

The driver of the vehicle transporting equipment and personnel to Canada should adhere to the following:

- Carry 2 copies of the equipment list including serial numbers or other uniquely identifiable markings;
- Present the list to CBS A for clearance approval upon entry;
- Report to a CBSA ot1ice prior to leaving Canada so that the temporary admission documents can be cancelled if completed on entry.

Canada

Program and Communications Division
Pacific Region
May 28, 2008

CBSA - Immigration Regulations when Entering Canada

Emergency response personnel may be granted entry to Canada as Visitors. The Immigration Program - Foreign Workers Manual section RI86 (t), outlines how emergency service providers are exempt from obtaining a work permit when rendering services in times of emergency. These services should be aimed at preserving life and property. Under this provision they would not be required to obtain an employment authorization.

Coordinated or Sustained Non-Emergent Response Procedures

When the requested assistance is not of an immediate nature and involves a response that includes multiple vehicles, equipment movements and personnel, the municipality, province or agency is requested to contact the CHSA Regional 011ice. A determination of logistics will be made in consultation with Regional and District Management. Coordination of efforts involving personnel, vehicles and equipment may be undertaken to facilitate entry into Canada. Should a non-imminent request of this nature be made directly to ports of entry, the Regional Office must also be notified as soon as possible.

Special Procedures

EMS Response including Transportation of a Sick or Injured Passenger by Ambulance (Emergent Care)

Whenever possible, advance notification is requested to assist in ensuring the most efficient processing of personnel, equipment and patients. When the nature of the response makes that impossible or would result in a delay that would negatively impact the health and well-being of the individual being transported, EMS personnel are requested to approach the Port of Entry at a safe rate of speed and must be prepared to stop and report to a Border Services Officer and provide the following details:

- Nature of the emergency
- Details including the number of passengers, patients and personnel on board
- Details regarding patients to be processed including name, date of birth, citizenship, and place of residence

Canada

Program and Communications Division
Pacific Region
May 28, 2008

Border Services Officers will make every effort to expedite processing and may waive normal reporting requirements, documentation and examination of the vehicle, goods, patients or personnel, or defer them, until a more practical time.

EMS Response including Transportation of a Sick or Injured Passenger by Ambulance (Non-Emergent Care)

In the case of a non-emergent care response or transport of a patient, passengers, and personnel advance notification is required. Advance notification will assist the operation in anticipating the arrival of the patient and will provide an opportunity to identify a specific lane or location. EMS personnel are requested to approach the Port of and must be prepared to stop and report to a Border Services Officer.

Please note:

All personnel, including patients, should carry the required identification to establish their identity, citizenship and place of residence. It is recognized that in emergencies, patients may not carl1' readily accessible identification and normal reporting requirements may be waived. Border Services Officers will carry out a risk assessment and use their judgement and discretion in determining the need for identification and/or documentation in these instances.

Canada

Program and Communications Division
Pacific Region
May 28, 2008

Attachment 3

Contact Information for Canada Border Services Agency

Land Border Ports of Entry – Pacific Region

(The corresponding USCBP Port of Entry has been provided in brackets)
May 28, 2008

Pacific Highway District:

PORT OF ENTRY	TELEPHONE	*FAX*	*HOURS OF OPERATION*
Aldergrove (Lynden)	(604) 856-8413	(604) 856-6482	08:00-24:00
Back up direct line	(604) 856-2791		
Boundary Bay (Point Roberts)	(604) 943-2722	(604) 943-6892	24 Hours
Douglas (Peace Arch)	(604) 535-9754	(604) 541-1476	24 Hours
Huntingdon (Sumas)	(604) 854-5558	(604) 850-5896	24 Hours
Back up direct line	(604) 856-7704		
Pacific Highway Traffic Operations (Blaine)	(604) 538-3611	(604) 538-0873	24 Hours
Back up direct line	(604) 538-3616		
Pacific Highway Commercial Operations (Blaine)	(604) 538-3611	(604) 538-8961	24 Hours

Okanogan and Kootenay District:

PORT OF ENTRY	TELEPHONE	FAX	HOURS OF OPERATION
Carson/Grand Forks (Danville, WA)	(250) 442-5551	(250) 442-2399	08:00-24:00
Cascade/Christina Lake (Laurier, WA)	(250) 447-9419	(250) 447-6366	08:00-24:00
Back up direct line	(250) 447-9418		
Chopaka (Nighthawk, WA)	(250) 499-2755	(250) 499-2845	09:00-17:00
Kingsgate/Yahk (Eastport, ID)	(250) 424-5391	(250) 424-5355	24 Hours
Back up direct line	(250) 424-5507		
Midway (Ferry , WA)	(250) 449-2331	(250) 449-2354	09:00-17:00
Nelway/Salmo (Metaline Falls, WA)	(250) 357-9940	(250) 357-9688	08:00-24:00
Back up direct line	(250) 357-9954		
Osoyoos (Oroville, WA)	(250) 495-7518	(250) 495-7699	24 Hours
Back up direct line	(250) 495-5201		
Paterson/Rossland (Frontier, WA)	(250) 362-7341	(250) 362-7747	24 Hours
Back up direct line	(250) 362-7481		
Roosville (Roosville, MT)	(250) 887-3133	(250) 887-3247	24 Hours
Rykerts/Creston (Porthill, ID)	(250) 428-2575	(250) 428-5310	08:00-24:00
Back up direct line	(250) 428-3508		
Waneta/Trail (Boundary, WA)	(250) 367-9656	(250) 367-6387	0900-1700
Back up direct line	(250) 362-7341		

West Coast and Yukon District:

PORT OF ENTRY	TELEPHONE	FAX	HOURS OF OPERATION
Beaver Creek	(867) 862-7230	(867) 862-7613	24 Hours

Stewart	(250) 636-2747	N/A	24 Hours
Fraser	(867) 821-4111	(867) 821-4112	08:00-24:00 Nov. 1- March 31 April 1- Oct. 31 24 Hours
Little Gold Creek	(250) 499-2755	N/A	09:00-21:00 May – September
Pleasant Camp	(907) 767-5540	(907) 767-5543	08:00 - 24:00

***If Port of Entry you are seeking clearance from is closed, please direct your call to the nearest open Port of Entry ***

Additional CBSA Regional Contacts:

OPERATION/DIVISION	TELEPHONE	FAX	HOURS OF OPERATION
Regional Program and Communications Division	(604) 666-0760	(604) 666-2826	Monday to Friday (0800-1600)
Trade Compliance (Remissions)	(604) 666-6753	(604) 666-9320	Monday to Friday (0800-1600)
Regional Emergency Management Coordinator	(604) 666-1108	(604) 666-2826	Monday to Friday (0800-1600)

Attachment 3 continued
SEATTLE FIELD OFFICE PORT OF ENTRY INFORMATION
May 28, 2008

Port	Service Port	Port Director	Address	Phone Number	Fax Number	Field Office
Aberdeen, WA	Seattle	Kurt Cleman	403 W. State St.	360-532-2030	360-532-1878	Seattle
Anacortes, WA	Blaine	Mark Layman	P.O. Box 439; 1019 Q Avenue	360-293-2331	360-293-4422	Seattle
Bellingham, WA	Blaine	Michael Brydie	4241 Mitchell Way #13	360-734-5463	360-734-7678	Seattle
Blaine, WA	Blaine	Margaret Fearon	9901 Pacific Highway	360-332-6500	360-332-1739	Seattle
Danville, WA	Blaine	Lynn Beltz	19130 Hwy 21 N.	509-779-4862	509-779-4114	Seattle
Everett, WA	Seattle	Eugene Melang	2707 Colby Ave., Suite 1119	425-259-0246	425-259-0247	Seattle
Ferry, WA	Blaine	Lynn Beltz	1377 Customs Rd.	509-779-4655	509-779-0505	Seattle
Friday Harbor, WA	Blaine	Dennis Hazelton	P.O. Box 1907	360-378-2080	360-378-5503	Seattle
Frontier, WA	Blaine	Rick Barthule	4939 Hwy 25 N.	509-732-6215	509-732-8866	Seattle
Laurier, WA	Blaine	Mahlon "Paul" Manson	27017 HW 395 N., P.O. Box 40	509-684-0570	509-684-0571	Seattle
Lynden, WA	Blaine	Roman Morin	9949 Guide Meridian Rd.	360-354-2183	360-354-2706	Seattle
Metaline Falls, WA	Blaine	Donald "Jack" Sherry	HC2 Box 630, 26781 SR31	509-446-4421	509-446-2033	Seattle
Moses Lake, WA	Blaine	CBPO Matthew LaCelle	7810 Andrews St. N.E., Room 101	509-762-2667	509-762-2668	Seattle
Nighthawk, WA	Blaine	Ronald Arrigoni	197 Simikameen Rd.	509-476-2125	509-476-3799	Seattle
Oroville, WA	Blaine	Ronald Arrigoni	33643 Hwy 97	509-476-2955	509-476-2465	Seattle

Point Roberts, WA	Blaine	Mary Riggle	50 Tyee Drive	360-945-2314	360-945-0920	Seattle
Port Angeles, WA	Seattle	John Herbold (Acting)	138 W. First St., Room 204	360-457-4311	360-457-7514	Seattle
Port Townsend, WA	Seattle	Officer in Charge-Jeffrey Vella	1322 Washington St.	360-385-3777	360-385-3777	Seattle
Seattle, WA	Seattle	Roland Suliveras	1000 2nd Ave., Suite 2100	206-553-0770	206-553-2940	Seattle
Spokane, WA	Seattle	Tim Sokol	5709 W Sunset Hwy., Suite 204	509-353-2833	509-353-2663	Seattle
Sumas, WA	Blaine	Patricia Hinchey	103 Cherry Street; P.O. Box 100	360-988-2971	360-988-6300	Seattle
Tacoma, WA	Seattle	Roland Suliveras	2202 Port of Tacoma Rd.	253-593-6336 x223	253-593-6351	Seattle

ATTACHMENT 4

PACIFIC NORTHWEST EMERGENCY MANAGEMENT ARRANGEMENT

- between -

The Government Of The State of Alaska,

The Government Of The State of Idaho,

The Government Of The State of Oregon,

The Government Of The State of Washington,

The Government Of The Province of British Columbia, and

The Government Of The Yukon Territory

hereinafter referred to collectively as the "Signatories" and separately as a "Signatory".

WHEREAS the Signatories recognize the importance of comprehensive and coordinated civil emergency preparedness, response and recovery measures for natural and technological emergencies or disasters, and for declared or undeclared hostilities including enemy attack;

AND WHEREAS the Signatories further recognize the benefits of coordinating their separate emergency preparedness, response and recovery measures with that of contiguous jurisdictions for those emergencies, disasters or hostilities affecting or potentially affecting any one or more of the Signatories in the Pacific Northwest;

AND WHEREAS the Signatories further recognize that regionally-based emergency preparedness, response and recovery measures will benefit all jurisdictions within the Pacific Northwest, and best serve their respective national interests in cooperative and coordinated emergency preparedness as facilitated by the Consultative Group on Comprehensive Civil Emergency and Management established in the Agreement Between the Government of The United States of America and the Government of Canada on Cooperation and Comprehensive Civil Emergency Planning and Management signed at Ottawa, Ontario, Canada on April 28, 1986;

NOW THEREFORE, it is hereby agreed by and between each and all of the Signatories hereto as follows:

Advisory Committee

1. An advisory committee named the Western Regional Emergency Management Advisory Committee (W-REMAC) shall be established which will include one member appointed by each Signatory.

2. The W-REMAC will be guided by the agreed upon Terms of Reference—Annex A.

Principles of Cooperation

3. Subject to the laws of each Signatory, the following cooperative principles are to be used as a guide by the Signatories in civil emergency matters which may affect more than one Signatory:

a) The authorities of each Signatory may seek the advice, cooperation or assistance of any other Signatory in any civil emergency matter.

b) Nothing in the arrangement shall derogate from the applicable laws within the jurisdiction of any Signatory. However, the authorities of any Signatory may request from the authorities of any other Signatory appropriate alleviation of such laws if their normal application might lead to delay or difficulty in the rapid execution of necessary civil emergency measures.

c) Each Signatory will use its best efforts to facilitate the movement of evacuees, refugees, civil emergency personnel, equipment or other resources into or across its territory, or to a designated staging area when it is agreed that such movement or staging will facilitate civil emergency operations by the affected or participating Signatories.

d) In times of emergency, each Signatory will use its best efforts to ensure that the citizens or residents of any other Signatory present in its territory are provided emergency health services and emergency social services in a manner no less favorable than that provided to its own citizens.

e) Each Signatory will use discretionary power as far as possible to avoid levy of any tax, tariff, business license or user fees on the services, equipment and supplies of any other Signatory which is engaged in civil emergency activities in the territory of another Signatory, and will use its best efforts to encourage local governments or other jurisdictions within its territory to do likewise.

f) When civil emergency personnel, contracted firms or personnel, vehicles, equipment or other services from any Signatory are made available to or are employed to assist any other Signatory, all providing Signatories will use best efforts to ensure that charges, levies or costs for such use or assistance will not exceed those paid for similar use of such resources within their own territory.

g) Each Signatory will exchange contact lists, warning and notification plans, and selected emergency plans and will call to the attention of their respective local governments and other jurisdictional authorities in areas adjacent to inter-signatory boundaries, the desirability of compatibility of civil emergency plans and the exchange of contact lists, warning and notification plans, and selected emergency plans.

h) The authority of any Signatory conducting an exercise will ensure that all other signatories are provided an opportunity to observe, and/or participate in such exercises.

Comprehensive Nature

4. This document is a comprehensive arrangement on civil emergency planning and management. To this end and from time to time as necessary, all Signatories shall:

a) review and exchange their respective contact lists, warning and notification plans, and selected emergency plans.

b) as appropriate, provide such plans and procedures to local governments, and other emergency agencies within their respective territories.

Arrangement Not Exclusive

5. This is not an exclusive arrangement and shall not prevent or limit other civil emergency arrangements of any nature between Signatories to this arrangement.

a) In the event of any conflicts between the provisions of this arrangement and any other arrangement regarding emergency service entered into by two or more States of the United States who are Signatories to this arrangement, the provisions of that other arrangement shall apply, with respect to the obligations of those States to each other, and not the conflicting provisions of this arrangement.

Amendments

6. This Arrangement and the Annex may be amended (and additional Annexes may be added) by arrangement of the Signatories.

Cancellation or Substitution

7. Any Signatory to this Arrangement may withdraw from or cancel their participation in this Arrangement by giving sixty days written notice in advance of this effective date to all other Signatories.

Authority

8. All Signatories to this Arrangement warrant they have the power and capacity to accept, execute and deliver this Arrangement.

Effective Date

9. Notwithstanding any dates noted elsewhere, this Arrangement shall commence April 1, 1996.

IN WITNESS WHEREOF, the undersigned have signed this Arrangement.

THE STATE OF ALASKA

GOVERNOR — 4/4/96 (Date)

THE STATE OF IDAHO

GOVERNOR — 6/2/97 (Date)

THE STATE OF OREGON

GOVERNOR — 8-12-96 (Date)

APPROVED AS TO LEGAL SUFFICIENCY
Asst. Attorney General
Date 7-30-96

THE STATE OF WASHINGTON

GOVERNOR — 7-11-96 (Date)

THE PROVINCE OF BRITISH COLUMBIA

PREMIER — January 30, 1966 (Date)

THE GOVERNMENT OF THE YUKON TERRITORY

GOVERNMENT LEADER — February 16.96 (Date)

ANNEX A

REGIONAL EMERGENCY MANAGEMENT ADVISORY COMMITTEE

TERMS OF REFERENCE

1 PURPOSE

The Regional Emergency Management Advisory Committee was established to promote emergency management coordination and preparedness at regional levels and to complement the work of the Can/US Consultative Group.

2. MANDATE

REMAC provides a forum where members and guests can raise issues and receive advice on emergency preparedness matters.

REMAC encourages and supports preparation and exercising of emergency plans for all members.

REMAC will serve as a regional link to the Can/US Consultative Group.

3. NUMBER OF COMMITTEES

Four REMACs are established to cover the following areas:

- Eastern REMAC:

In Canada: Regions/Provinces of New Brunswick, Nova Scotia, and Quebec.

In U.S.A.: FEMA Regions I and II, States of Maine, New Hampshire, Vermont and New York.

- Central REMAC:

In Canada: Regions/Provinces of Quebec and Ontario.

In U.S.A.: FEMA Regions II and V, States of New York, Pennsylvania, Ohio, Michigan, Wisconsin and Minnesota.

Prairies REMAC:

In Canada: Regions/Provinces of Manitoba, Saskatchewan and Alberta.

In U.S.A.: FEMA Region VIII, States of Minnesota, North Dakota and Montana.

- Western REMAC:

In Canada: Regions/Provinces/Territories of British Columbia and Yukon.

In U.S.A.: FEMA Region X, States of Washington, Idaho, Oregon and Alaska.

4. MEMBERSHIP (participation as delegated by respective government agency)

EPC: Regional Directors
FEMA: Regional Directors
Provinces/Territories: Head of Emergency Measures Organization
States: Head of Emergency Management Agency (EMA)

Non-Representatives of other government departments, industry or academia may be invited on an "AS NEEDED BASIS" and may be part of working groups.

5. MEETINGS

Frequency: One per year or at the call of the Chair.

Duration: One to two days depending on the agenda.

Location: Alternating between countries and regions as decided at the previous conference, but if possible, at least two months before the Can/US Consultative Group meeting.

Chair: Host regional director FEMA/state EMA head or host regional director EPC/provincial EMO head co-chair (provide conference secretarial services).

Committee Secretariat:

The repositories for committee documentation are in Washington and Ottawa. Copies of documents will also be held at regional level for convenience. This would provide for systematic circulation of important information to Can/US Consultative Group and to other REMACs.

EPC region/FEMA region directors are responsible for holding minutes of meetings, assisting in the formulation of meeting agendas and identifying meeting venues.

Financing: Members and guests make their own financial arrangements for participation.

Reporting: The Chairs of the four REMAC meetings provide their reports to designated Regional Directors for presentation to the Can/US Consultative Group.

7-20-05 Revision

ANNEX B

TO THE PACIFIC NORTHWEST EMERGENCY MANAGEMENT ARRANGEMENT OF 1996 BETWEEN THE GOVERNMENTS OF THE STATE OF ALASKA, THE STATE OF IDAHO, THE STATE OF OREGON, THE STATE OF WASHINGTON, THE PROVINCE OF BRITISH COLUMBIA AND THE YUKON GOVERNMENT

PACIFIC NORTHWEST EMERGENCY MANAGEMENT ARRANGEMENT (PNEMA) IMPLEMENTING PROCEDURES

Article I - Purpose and Authorities

The governments of the State of Alaska, the State of Idaho, the State of Oregon, the State of Washington, the Province of British Columbia, and the Yukon Government are signatories to the Pacific Northwest Emergency Management Arrangement (PNEMA). Article 6 of PNEMA provides: "This Arrangement and the Annex may be amended (and additional Annexes may be added) by arrangement of the Signatories." Pursuant to this provision, the undersigned Signatories hereby enter into this arrangement, which shall be designated as Annex B to PNEMA.

The Pacific Northwest Emergency Management Arrangement Implementing Procedures, hereinafter referred to as the "arrangement" is made and entered into by and among such of the signatories as shall enact or adopt this arrangement, hereinafter referred to as "signatories." For the purpose of this agreement, the term "signatories" may include any or all of: the States of Alaska, Idaho, Oregon, Washington: the Province of British Columbia; and the Yukon Government, all of which entered into the Pacific Northwest Emergency Management Arrangement (PNEMA) in 1996-97 and such other states, provinces and territories as may hereafter become a signatory to PNEMA and this arrangement.

The purpose of this arrangement is to provide for the possibility of mutual assistar among the signatories entering into this arrangement in managing any emergency disaster when the affected signatory or signatories ask for assistance, whether arising fr a natural disaster, accidental or intentional events or the civil emergency aspects resources shortages.

This arrangement also provides for the process of planning mechanisms among agencies responsible and for mutual cooperation, including, if need be, emergency-rela exercises, testing, or other training activities using equipment and personnel simulat performance of any aspect of the giving and receiving of aid by signatories or subdivisic of signatories during emergencies, with such actions occurring outside actual decla emergency periods. Mutual assistance in this arrangement may include the use emergency forces[1] by mutual agreement among signatories.

The purpose of these implementing procedures is to provide specific procedur agreed to by the signatories, for implementing PNEMA. The signatories acknowledge t the signatory states of the United States (Alaska, Idaho, Oregon, and Washington) ha adopted the Emergency Management Assistance Compact (EMAC). Nothing in arrangement or these implementing procedures shall supersede EMAC.

Article II - General Implementation

Each signatory entering into this arrangement recognizes that emergencies may exceed the capability of a signatory and that intergovernmental cooperation is essential in such circumstances. Each signatory further recognizes that there may be emergencies that require immediate access to outside resources and that procedures need to be in place to request outside resources to make a prompt and effective response to such an emergency because few, if any, individual signatories have all the resources they need in all types of emergencies or the capability of delivering resources to areas where emergencies exist.

The prompt, full and effective utilization of resources of the signatories, including any resources on hand or available from any other source that are essential to the safety, care and welfare of the people in the event of any emergency or disaster, will be the underlying principle on which all articles of this arrangement are understood

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[1] Emergency forces include but are not limited to: police/security forces; and fire-rescue (Hazmat/USAR): emergency medical and emergency management services.

On behalf of the signatories, the legally designated official who is assigned responsibility for emergency management is responsible for formulation of the appropriate inter-signatory mutual aid plans and procedures necessary to implement this arrangement and for recommendations to the signatories concerned with respect to the amendment of any statutes, regulations or ordinances for that purpose.

Article III - Signatory Responsibilities

1. Formulate plans and programs. Each signatory will formulate procedural plans and programs for each inter-signatory cooperation areas listed in this section. In formulating and implementing such plans and programs the signatories, to the extent practical, shall:

A. Review individual signatory hazards analyses that are available and, to the extent reasonably possible, determine all those potential emergencies the signatories might jointly suffer, whether due to a natural disaster, an accidental or intentional event or the emergency aspects of resource shortages;
B. Initiate a process to review the signatories' individual emergency plans and develop a plan that will determine the mechanism for the inter-signatory cooperation;
C. Develop inter-signatory procedures to fill any identified gaps and to resolve any identified inconsistencies or overlaps in existing or developed plans;
D. Assist in warning communities adjacent to or crossing signatory boundaries;
E. Protect and ensure delivery of services, medicines, water, food, energy and fuel, search and rescue and critical lifeline equipment, services and resources, both human and material to the extent authorized by law;
F. Inventory and agree upon procedures for the inter-signatory loan and delivery of human and material resources, together with procedures for reimbursement or forgiveness; and
G. Provide, to the extent authorized by law, for temporary suspension of any statutes or ordinances that impede the implementation of the responsibilities described in this subsection.

2. Request for assistance. The authorized representative of a signatory may request assistance of another signatory by contacting its authorized representative. These provisions only apply to requests for assistance made by and to authorized representatives. Requests may be verbal or in writing. The authorized representative of signatories will confirm their verbal request in writing within 15 days. Requests must provide the following information:

A. A description of the emergency service function for which assistance is needed and of the mission or missions, including but not limited to fire services, emergency medical, transportation, communications, public works and engineering, building inspection, planning and information assistance, mass care, resource support, health and medical services and search and rescue;
B. The amount and type of personnel, equipment, materials and supplies needed and a reasonable estimate of the length of time they will be needed; and
C. The specific place and time for staging of the assisting party's response and a point of contact at the location.

3. Consultation among signatory officials. There will be frequent consultation among the signatory officials who have assigned emergency management responsibilities, such officials collectively known hereinafter as the International Emergency Management Group, and other appropriate representatives of the signatory with free exchange of information, plans and resource records relating to emergency capabilities to the extent authorized by law.

Article IV - Limitation

Any signatory requested to render mutual aid or conduct exercises and training for mutual aid will respond as soon as possible, except that it is understood that the signatory rendering aid may withhold or recall resources to the extent necessary to provide reasonable protection for itself. To the extent authorized by law, each signatory will afford to the personnel of the emergency forces of any other signatory while operating within its signatory limits under the terms and conditions of this arrangement and under the operational control of an officer of the requesting signatory the same treatment as is afforded similar or like forces of the signatory in which they are performing emergency services. Emergency forces continue under the command and control of their regular leaders, but the organizational units come under the operational control of the emergency services authorities of the signatory receiving assistance. These conditions may be activated, as needed, by the signatory that is to receive assistance or upon commencement of exercises or training for mutual aid and continue as long as the exercises or training for mutual aid are in progress, the emergency or disaster remains in effect or loaned resources remain in the receiving signatory or signatories, whichever is longer. The receiving signatory is responsible for informing the assisting signatory when services will no longer be required.

Article V - Licenses and Permits

Whenever a person holds a license, certificate or other permit issued by any signatory to the arrangement evidencing the meeting or qualifications for professional, mechanical or other skills, and when such assistance is requested by the receiving signatory, such person is deemed to be licensed, certified or permitted by the signatory requesting assistance to render aid involving such skill to meet an emergency or disaster, to the extent allowed by law and subject to such limitations and conditions as the requesting signatory prescribes by executive order or otherwise.

Article VI - Liability

Any person or entity of a signatory rendering aid in another signatory pursuant to this arrangement is considered an agent of the requesting signatory for tort liability and immunity purposes. Any person or entities rendering aid in another signatory pursuant to this arrangement is not liable on account of any act or omission of good faith on the part of such forces while so engaged or on account of the maintenance or use of any equipment or supplies in connection therewith. Good faith in this article does not include willful misconduct, gross negligence or recklessness.

Article VII - Supplementary Agreements

Because it is probable that the pattern and detail of the provision for mutual aid among two or more signatories may differ from that among the signatories that are party to this arrangement, this contains elements of a broad base common to all signatories, and nothing in this arrangement precludes any signatory from entering into supplementary agreements with another signatory or affects any other agreements already in force among signatories. Supplementary agreements may include, but are not limited to, provisions for evacuation and reception of injured and other persons and the exchange of medical, fire, public utility, reconnaissance, welfare, transportation and communications personnel, equipment and supplies.

Article VIII - Workers' Compensation and Death Benefits

Each signatory shall provide, in accordance with its own laws, for the payment of workers' compensation and death benefits to injured members of the emergency forces of that signatory and to representatives of deceased members of those forces if the members sustain injuries or are killed while rendering aid to another signatory pursuant to this arrangement, in the same manner and on the same terms as if the injury or death were sustained within their own jurisdiction.

Article IX - Reimbursement

Any signatory rendering aid to another signatory pursuant to this arrangement shall, if requested, be reimbursed by the signatory receiving such aid for any loss or damage to or expense incurred in the operation of any equipment and the provision of any service in answering a request for aid and for the costs incurred in connection with those requests. An aiding signatory may assume in whole or in part any such loss, damage, expense or other cost or may loan such equipment or donate such services to the receiving signatory without charge or cost. Any two or more signatories may enter into supplementary agreements establishing a different allocation of costs among those signatories. Benefits under Article VIII are not reimbursable under this section.

Article X - Evacuation

Each signatory shall initiate a process to prepare and maintain plans to facilitate the movement of and reception of evacuees into its territory or across its territory, according to its capabilities and powers. The signatory from which the evacuees came shall assume the ultimate responsibility for the support of the evacuees, and after the termination of the emergency, for the repatriation of such evacuees.

Article XI - Implementation

1. This arrangement is effective upon its execution or adoption by any two signatories, and is effective as to any other signatory upon its execution or adoption thereby: subject to approval or authorization by the U.S. Congress, if required, and subject to enactment of any national, state, provincial or territorial legislation that may be required for the effectiveness of the arrangement.

2. Any signatory may withdraw from this arrangement but the withdrawal does not take effect until 30 days after the governor or premier of the withdrawing signatory has given notice in writing of such withdrawal to the governors or premiers of all other signatories. The action does not relieve the withdrawing signatory from obligations assumed under this arrangement prior to the effective date of withdrawal.

3. Duly authenticated copies of this arrangement in the French and English languages and of such supplementary agreements as may be entered into shall, at the time of their approval, be deposited with each of the signatories.

Article XII - Severability

This arrangement is construed so as to effectuate the purposes stated in Article I. If any provision of this arrangement is declared unconstitutional or invalid or inapplicable to any person or circumstances, the validity of the remainder of this arrangement to that person or circumstances and the applicability of the arrangement to other persons and circumstances are not affected.

Article XIII - Inconsistency of Language

The validity of the arrangements and agreements consented to in this arrangement shall not be affected by any insubstantial difference in form or language as may be adopted by the various states, provinces and territories.

//

IN WITNESS WHEREOF, the undersigned have signed ANNEX B to the PACIFIC NORTHWEST EMERGNECY MANAGEMENT ARRANGEMENT

THE STATE OF ALASKA

GOVERNOR — Date: 6/20/07

THE STATE OF IDAHO

GOVERNOR — Date: 6/11/07

THE STATE OF OREGON

GOVERNOR — Date: 3/27/07

THE STATE OF WASHINGTON

Christine Gregoire
GOVERNOR

Jun 20 200
Date

THE PROVINCE OF BRITISH COLUMBIA

PREMIER

Date

THE YUKON GOVERNMENT

PREMIER

16 Aug/07
Date

ATTACHMENT 5

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Office of Emergency Medical Services and Trauma System
Post Office Box 47853 • Olympia, Washington 98504-7853

NOTICE OF ADOPTION OF A POLICY STATEMENT

Title of Statement:	Cross-Border Ambulance Reciprocity
Issuing Entity:	Department of Health Office of Emergency Medical Services and Trauma System
Subject Matter:	This policy statement provides requirements and limitations for transporting patients across Washington State borders by ground or air ambulance.
Effective Date:	November 30, 2003
Contact Person:	Janet Kastl, Director Washington State Department of Health Office of Emergency Medical Services and Trauma System Post Office Box 47853 Olympia, Washington 98504-7853 (360) 236-2832 Jack Cvitanovic, Licensing and Certification Manager Washington State Department of Health Office of Emergency Medical Services and Trauma System Post Office Box 47853 Olympia, Washington 98504-7853 (360) 236-2848

Department of Health
Health Systems Quality Assurance
Office of Emergency Medical Services and Trauma System
Policy/Procedure

Title:	Cross-Border Ambulance Reciprocity	Number: 05-01
References:		
Contact:	Janet Kastl, Director Jack Cvitanovic, Licensing and Certification Manager	
Effective Date:	November 30, 2003	
Supersedes:		
Approved:		
	Assistant Secretary, Department of Health	

Policy Statement:

It is the policy of Washington State's Department of Health, Office of Emergency Medical Services and Trauma System, to foster a seamless system of transporting patients across Washington State borders by ground or air ambulance.

We recognize the emergency medical care standards required by licensing authorities in British Columbia, Idaho, and Oregon are substantially equivalent to Washington's. We look forward to enhanced mutual aid and cross-border cooperation with our neighbors as part of our effective emergency medical services and trauma care system.

Consistent with good patient care, our legislative scheme, longstanding practice, and desire for reciprocity and positive future working relationships, ambulance services and staff licensed by neighboring governmental entities are authorized to provide emergency health services in Washington State under the following requirements and limitations:

1. To the same level of emergency health services which they are authorized to provide in their originating jurisdiction, so long as not inconsistent with Washington State requirements,
2. Under the supervision and control required by the terms of their authorization in their originating jurisdiction, and
3. While transporting patients to medical residential, convalescent, and nursing facilities in Washington State, but not from point to point within Washington State.

This acknowledgement of reciprocity applies to Washington's neighboring states, whether foreign or domestic government entities, including British Columbia, Oregon and Idaho.

ATTACHMENT 6

A MEMORANDUM OF UNDERSTANDING PUBLIC HEALTH EMERGENCIES

THIS MEMORANDUM OF UNDERSTANDING BETWEEN:

STATE OF WASHINGTON DEPARTMENT OF HEALTH
as represented by the Secretary of Health
(hereinafter called "Washington")

and

BRITISH COLUMBIA MINISTRY OF HEALTH
as represented by the Minister of Health
(hereinafter called "British Columbia")

BRITISH COLUMBIA

STATE OF WASHINGTON

MEMORANDUM OF UNDERSTANDING WITH RESPECT TO A COLLABORATIVE APPROACH TO USE OF AVAILABLE PUBLIC HEALTH AND HEALTH SERVICE RESOURCES TO PREPARE FOR, RESPOND TO AND RECOVER FROM PUBLIC HEALTH EMERGENCIES[1] BETWEEN THE PARTIES

A. GOALS:

1. The primary goals of the collaborative approach between the Parties are:
   a. to respond to surge capacity demands on public health systems and health resources efficiently and in a cost effective manner when public health emergencies arise; and
   b. to assess current and explore future areas of operational responsibility that could result in efficiencies in the provision of health services.

2. The Parties wish to enhance their working relationship and explore ways and methods to realize those goals.

B. STRATEGY:

1. The Parties agree to research, analyze and work to develop how available emergency assistance capacity can be used to mitigate situations that may overwhelm the health care resources of one or both of the Parties through:
   a. use of a regional planning approach;
   b. inter and intra-jurisdictional mutual assistance; and
   c. interagency and interdisciplinary collaboration.

2. It shall be the responsibility of each Party, to the extent reasonably practical, to:
   a. Review jurisdictional emergency plans and consider developing mutual assistance plans, relevant to prioritized emergencies, for public health, mass care and treatment, patient transportation, and interoperable communications services that could determine the mechanism for management and provision of assistance.
   b. Develop procedures, relevant to prioritized emergencies, to fill any identified gaps and resolve any identified inconsistencies or overlaps in existing plans, including the mobilization of existing community capacities to assist in the management of various sectors of the vulnerable population.
   c. Develop processes necessary to minimize disruption to the delivery of services, medicines, critical lifeline equipment and other resources, both human and material.
   d. Establish procedures for the identification and delivery of human and material resources, together with procedures for reimbursement or debt forgiveness and explore, within their legal jurisdiction, relevant related issues such as: licenses and permits; liability; compensation and reimbursement, that may affect the implementation of any plans considered as a result of this MOU.
   e. Explore issues relating to any statutes or ordinances that may affect any plans considered as a result of this MOU.
   f. Assess current and explore future areas of operational responsibility that could result in efficiencies in the provision of health services.

[1] An occurrence or imminent threat of an illness or health condition, caused by bioterrorism, epidemic/pandemic disease outbreak, or a novel/highly fatal infectious agent or biological toxin, that poses a substantial risk to human health and requires action beyond normal procedures. A public health emergency may occur as the result of a natural, e.g., earthquake/flood, accident, e.g., chemical spill, or intentional, e.g., terrorism, event.

C. REPORTS TO OFFICIALS:

The parties will report progress, results, and recommendations (as available) to their respective leadership periodically.

D. DISCRETION AND AUTHORITY NOT FETTERED:

Nothing in this MOU is intended to or shall be interpreted so as to fetter the discretion or the authority of the respective Legislatures of the Parties.

E. REVIEW:

While the goals expressed in this MOU may be met by each of the Parties developing separate processes and procedures, one result of the work conducted may be an agreement or agreements as may be necessary and agreed upon between the Parties that further the goals set out herein. Nothing in this paragraph prevents either Party from withdrawing its participation under this MOU with written notice to the other Party.

Signed in Vancouver, British Columbia, this 20 day of June 2006

George Abbott

GEORGE ABBOTT
MINISTER OF HEALTH
PROVINCE OF BRITISH COLUMBIA

Mary C. Selecky

MARY C. SELECKY
SECRETARY OF HEALTH
STATE OF WASHINGTON

Washington State Department of Health

Attachment A
Emergency Medical Services Certification Requirements and Scope of Practice

***Information in this document reflects standards as of 10/28/03 and is meant as a general guideline only. For more information, please call* 1-800-458-5281 *or visit our website at* http://www.doh.wa.gov/hsqa/emtp/**

The Office of Emergency Medical Services and Trauma System certifies prehospital patient care providers for Washington State. Applicants for each Emergency Medical Services (EMS) certification level must meet the following requirements:

- be at least 18 years of age prior to the beginning of training
- successfully complete a Washington State approved EMS Training Course
- pass a Washington State written certification examination
- have a high school diploma or equivalent (except for the First Responder level)
- be associated with a Washington State licensed EMS service
- have their EMS supervisor verify the applicants association with the identified agency by signing the application for certification
- have their County Medical Program Director (MPD) sign and recommend certification on the application
- submit a photo ID that identifies their date of birth
- have MPD protocols in his/her possession prior to engaging in patient care
- complete Continuing Medical Education (CME) and pass a Washington State written certification examination or complete an On-Going Training and Evaluation Program (OTEP) for recertification.

"Scope of Practice" is defined as "authorized care" which is identified in WAC 246-976-182

(1) Certified EMS/TC personnel are only authorized to provide patient care that is:
  (a) included in the approved curriculum for the individual's level of certification and
  (b) included in approved specialized training; and
  (c) included in approved MPD protocols.
(2) When a patient is identified as needing care which is not authorized for the providers, the certified person in charge of that patient must consult with medical control as soon as possible, if protocols and regional patient care procedures do not provide adequate off-line direction for the situation.
(3) For trauma patients, all prehospital providers must follow the Washington State approved trauma triage procedures; regional patient care procedures and MPD patient care protocols.

[Statutory Authority: Chapters 18.71, 18.73, and 70.168 RCW. 00-08-102, § 246-976-182, filed 4/5/00, effective 5/6/00.]

Please review the chart on the next page to associate the levels of EMS care.

OVER revised 3/04

Level of Care & Estimated Training Hours	Medical Control & Skills Capabilities
First Responder: 54 hours plus 5 patient contacts.	MPD protocols, patient assessment, CPR, AED, O2, BVM, bandaging, splinting, trauma, triage, medical, pediatrics.
Emergency Medical Technician: 110 hours, which includes 10 hours hospital observation.	MPD protocols, patient assessment, CPR, AED, splinting, immobilizing, O2, BVM, bandaging, splinting, Trauma, triage, medical, pediatrics, operations, OB/GYN, Aspirin, Epi auto-injector, assist with patient's nitro, inhaler.
IV Technician: EMT prerequisite, approx. 50 Hours plus clinical and field internship	MPD protocols, EMT skills and knowledge plus IV therapy skills.
Airway Technician: EMT prerequisite, approx. 50 Hours plus clinical and field internship	MPD protocols, EMT skills and knowledge plus endotracheal intubation (ET) and multi-lumen airway skills.
IV and Airway Technician: EMT prerequisite, approx. 70 hours plus clinical and field internship	MPD protocols, EMT skills and knowledge plus ET, multi-lumen airway, IV therapy skills.
Intermediate Life Support: EMT prerequisite, approx. 100 hours plus clinical and field internship	MPD protocols, EMT skills and knowledge plus multi-lumen airway, IV therapy skills, six meds: Naloxone, Aspirin, Dextrose 50/25, Albuterol, Nitroglycerine, and Epinephrine for anaphylaxis by commercially preload measured-dose device.
Intermediate Life Support/Airway: EMT prerequisite, approx. 100 hours plus clinical and field internship.	MPD protocols, EMT skills and knowledge, ET, multi-lumen airway, IV therapy skills, six meds: Naloxone, Aspirin, Dextrose 50/25, Albuterol, Nitroglycerine, and Epinephrine for anaphylaxis by commercially preloaded measured-dose device.
Paramedic: EMT prerequisite, 1600 - 2000 hours plus clinical and field internship	MPD protocols, EMT skills and knowledge plus ACLS w/ manual defibrillation, ET, multi-lumen airway, meds per MPD protocol, IV therapy skills, and advanced patient assessment, trauma and medical skills.
Air ambulance personnel (may include EMTs through paramedics as well as MDs, RNs, RTs, Etc.)	EMS personnel must follow MPD protocols and training. Flight crews must follow the physician director orders.

OVER revised 3/04

Canada Border Services Agency | Agence des services frontaliers du Canada

Attachment B

Procedures for Processing Emergency Support Personnel
CBSA - Pacific Region

Background

In the event of an emergency, Canada Border Services Agency (CBSA) has specific regulations governing the movement of persons and goods required for an effective response. It is recognized that emergencies can occur as a result of natural disasters such as floods, fire or earthquake, but may also result from an industrial accident or a medical emergency involving one or more patients.

The entry of equipment and personnel, into Canada is controlled by CBSA.

The following procedures have been developed to assist in efficiently processing emergency support personnel, goods and patients (where applicable), in the event of an emergency.

Advance Notification

In an effort to provide expedited processing of emergency vehicles, equipment, personnel, and patients (EMS scenario), it is requested, that advance notification be provided to CBSA, using the Port level contact list provided.

The representative of the appropriate agency, municipal, provincial, state organization or EMS (Emergency Medical Service) provider, will direct their call to the CBSA Port of Entry where clearance will take place, to obtain further advise and guidance.

Emergency Response Personnel and/or a representative, placing the call, should be prepared to provide the following information:

- Nature of the emergency and priority of response (routine, urgent)
- Starting point and destination of emergency vehicles and equipment
- Nature of the transport process and information regarding the number of vehicles, equipment and personnel to be expected
- Details regarding patients (if applicable) to be processed including name, date of birth, citizenship, and place of residence
- Estimated time of arrival at the port of entry

Canada

Program and Communications Division
Pacific Region
May 28, 2008

With advance notification, a CBSA representative will provide direction to the representative regarding the appropriate place of entry. In some cases, this may include the use of the NEXUS lanes at the Ports of Pacific Highway or Douglas. In the case of entry through a Port without a designated NEXUS lane, CBSA will provide instruction on the appropriate place to report to facilitate processing.

When time or circumstances do not permit an official notice of an emergency, Border Services Officers will have to assess the situation as it develops, by consulting with local response agencies or local or regional management representatives.

Documentation

Equipment to be utilized in an emergency response may be impo1 1ed 011 a temporary basis, duty free, under Tariff item 9993.00.00 and relieved of the requirement to pay GST under the "Goods for Emergency Use Remission Order".

When time permits, a Temporary Admission Permit E29B will be issued covering all equipment and supplies, not consumed in Canada. This permit will be issued covering emergency supplies and equipment without collection of security (duty or Goods and Services Tax [GST]).

Border Services Officers will be given discretion to determine the documentation required at the time of importation or entry, based on the nature of the emergency

In the event that documentation is completed, the record will be cancelled whenever evidence that the goods have been consumed or exported from Canada is provided, preferably from an official or person involved in the emergency situation.

The driver of the vehicle transporting equipment and personnel to Canada should adhere to the following:

- Carry 2 copies of the equipment list including serial numbers or other uniquely identifiable markings;
- Present the list to CBS A for clearance approval upon entry;
- Report to a CBSA ot1ice prior to leaving Canada so that the temporary admission documents can be cancelled if completed on entry.

CBSA - Immigration Regulations when Entering Canada

Emergency response personnel may be granted entry to Canada as Visitors. The Immigration Program - Foreign Workers Manual section Rl86 (**t**), outlines how emergency service providers are exempt from obtaining a work permit when rendering services in times of emergency. These services should be aimed at preserving life and property. Under this provision they would not be required to obtain an employment authorization.

Coordinated or Sustained Non-Emergent Response Procedures

When the requested assistance is not of an immediate nature and involves a response that includes multiple vehicles, equipment movements and personnel, the municipality, province or agency is requested to contact the CHSA Regional 011ice. A determination of logistics will be made in consultation with Regional and District Management. Coordination of efforts involving personnel, vehicles and equipment may be undertaken to facilitate entry into Canada. Should a non-imminent request of this nature be made directly to ports of entry, the Regional Office must also be notified as soon as possible.

Special Procedures

EMS Response including Transportation of a Sick or Injured Passenger by Ambulance (Emergent Care)

Whenever possible, advance notification is requested to assist in ensuring the most efficient processing of personnel, equipment and patients. When the nature of the response makes that impossible or would result in a delay that would negatively impact the health and well-being of the individual being transported, EMS personnel are requested to approach the Port of Entry at a safe rate of speed and must be prepared to stop and report to a Border Services Officer and provide the following details:

- Nature of the emergency
- Details including the number of passengers, patients and personnel on board
- Details regarding patients to be processed including name, date of birth, citizenship, and place of residence

Canada Border Services Agency | Agence des services frontales du Canada

Border Services Officers will make every effort to expedite processing and may waive normal reporting requirements, documentation and examination of the vehicle, goods, patients or personnel, or defer them, until a more practical time.

EMS Response including Transportation of a Sick or Injured Passenger by Ambulance (Non-Emergent Care)

In the case of a non-emergent care response or transport of a patient, passengers, and personnel advance notification is required. Advance notification will assist the operation in anticipating the arrival of the patient and will provide an opportunity to identify a specific lane or location. EMS personnel are requested to approach the Port of and must be prepared to stop and report to a Border Services Officer.

Please note:

All personnel, including patients, should carry the required identification to establish their identity, citizenship and place of residence. It is recognized that in emergencies, patients may not carl1' readily accessible identification and normal reporting requirements may be waived. Border Services Officers will carry out a risk assessment and use their judgement and discretion in determining the need for identification and/or documentation in these instances.

Canada

Program and Communications Division
Pacific Region
May 28, 2008

EMD Washington Military Department Emergency Management Division | WSDA

Washington State Department of Health

ATTACHMENT C

March 17, 2008

The Emergency Preparedness Resources and Possible Grant Matrix identify known resources and grants for agencies. These can support Homeland Security efforts. They include all hazards training, information gathering, equipment purchase and funding opportunities.

The matrix uses a four-column table.

- The left column "Possible Resources" identifies current and known resources. The titles of each resource includes the related homeland security departments, agencies, programs or grants. The titles do not indicate your likelihood of getting a grant. You should explore any opportunity. Many that so did were pleasantly surprised.
- The center left column "Web Links" is the direct link to the possible resource in that row.
- The center right column "Washington Point of Contact" is the person or agency in Washington State that you may contact for more information and help. All contacts have confirmed their availability to help.
- The far right column identifies the intent or focus of the grants in that row

This resource matrix was developed by several organizations in Washington State. These include the Department of Health, Emergency Management Department, Agriculture Department and Region 10 Department of Homeland Security. Should you discover an out-of-date web link or additional resources, please email, mike.smith@doh.wa.gov.

Thank you and good luck with your search.

Emergency Preparedness Resources
And Possible Grant Opportunities Matrix
March 17, 2008

Possible Resources	Web Link	Washington Point of Contact	Focus or Opportunity within the Grants
Homeland Security FEMA/DHS	**http://www.grants.gov/** **http://www.ojp.usdoj.gov/odp/docs/info278.pdf** **http://www.rkb.mipt.org** **(Responder Knowledge Base website)**	**Regional Homeland Security Coordinators** http://www.emd.wa.gov/grants/documents/Regionalmapwithcontactinfo4Sept07.pdf	**NIMS Training, Equipment, Exercises, etc.**
Metropolitan Medical Response System (MMRS)	**http://www.ojp.usdoj.gov/odp/docs/fy05hsgp.pdf** http://www.firegrantshelp.com/ http://www.firegrantshelp.com/grants/285400	**City of Tacoma: Assistant Chief Jeff Jensen** **jjensen@ci.tacoma.wa.us** **City of Spokane: Tom Mattern** **tmattern@spokanecounty.org** **City of Seattle: Assistant Chief A.D. Vickery** **Alan.vickery@seattle.gov**	**Specific to the geographical area described within the MMRS region: NIMS Training, Equipment, Exercises, etc.**
United States Department of Agriculture (USDA)	**http://www.usda.gov/Newsroom/0276.04.html** **http://www.rurdev.usda.gov/rhs/cf/Emerg_Responder/rural_emergency_responders_initi.htm**	**Dave Hodgeboom (360) 725-5508** **dhodgeboom@agr.wa.gov**	**The community facilities program funds are used to support rural emergency responder efforts by financing needed equipment and services. These funds are available to public bodies, non-profit organizations, and recognized Indian tribes.**
Assistant Secretary for Preparedness and Response (ASPR)	**http://www.hhs.gov/grants/index.html** **http://www.hhs.gov/aspr/opeo/hpp/** **http://www.ahrq.gov/prep/**	**Chris Williams** **chriswilliams@doh.wa.gov** **(360) 236-4604**	**A variety of opportunities for HHS grant programs, hospital, public health, individuals, families etc.**
Center for Disease Control and Prevention (CDC)	**http://www.cdc.gov** **http://www.cdc.gov/funding.htm**	**Chris Williams** **chriswilliams@doh.wa.gov** **(360) 236-4604**	**All disciplines should review the many options found under these web sites.**
DOH Office of Emergency Medical Services and Trauma Systems	**http://www.doh.wa.gov/phepr/phepregeninfo.htm**	**Mike Smith** **mike.smith@doh.wa.gov or 1-800-458-5276.**	**Public Health Emergency Preparedness and Response home page**
Federal Preparedness Grant Programs	**http://www.firegrantsupport.com/** http://www.firegrantshelp.com/ http://www.firegrantshelp.com/grants/285400	**Mike Smith** **mike.smith@doh.wa.gov or 1-800-458-5276.** **Brian Ipsen, Region 10 DHS** **Brian.Ipsen@dhs.gov**	**All disciplines should review the many options found under these web sites.**

ATTACHMENT D for GLBHI
FINAL DRAFT
MAY 13, 2008

Summary Report and Operational Plan

Cross Border Work Group:
Sharing Healthcare Providers and Resources across the Washington and British Columbia Border

Washington State Department of Health

BRITISH COLUMBIA
The Best Place on Earth

Attachment E for GLBHI

Appendix C
Healthcare Providers, Resources and Patients
Cross Border Movement
Process Checklist

NOTE: This checklist is designed with the understanding an approval to move was authorized. This process may be implemented if it was a declaration as with a disaster or on-scene incident commander with a MCI.

June 17, 2008

Process	Comments/Date	Yes	No
Request for assistance was received and approved.	Per designated authority and response plans.		
Responding entities give a preliminary notification to border security point of contact (POC). Via fax to border POCs. (Each entity must identify methods of contacting POCs that have responsibility and authority to meet this need)	Washington State EOC 24/7 #1-800-258-5990 United States Customs and Border Protection (USCBP) numbers are located on the Seattle Field Office (SFO) Port Information spread sheet. (attach 3) Canada Border Services Agency (CBSA) numbers are located on the CBSA spread sheet (attach 3) The FDA Office of Crisis Management, Emergency Operations 24/7 # 301-443-1240		
Account for all responding medical personnel.	Use Incident Command System (ICS) process and forms when available.		
Secure transportation for health care providers, equipment, and supplies movement (each entity must identify plans, agreements or individuals that have responsibility and authority to meet this need)	Per define transport needs. (Resource and Typing Definitions are found in the glossary and the attached web sites.) http://www.fema.gov/pdf/emergency/nims/508-5_health_medical_resources.pdf http://www.fema.gov/pdf/emergency/nims/508-3_emergency_medica_%20services_%20resources.pdf		

Follow CBSA "Procedures for Processing Emergency Support Personnel CBSA - Pacific Region" attached (Each entity must identify methods of contacting POCs that have responsibility and authority to meet this need)
Following information should be provided:
• Nature of emergency and priority of response
• Starting point and destination of emergency vehicles and equipment
• Nature of the transport process and information regarding the number of vehicles, equipment and personnel to be expected
• Details regarding patients (if applicable) to be processed including name, date of birth, citizenship, and place of residence
• Estimated time of arrival at the port of entry
	CBSA
	• If advanced notify CBSA using the Port level contact list attachment 3
	• CBSA representative will direct their call to the Port of Entry where clearance will take place
	• Follow CBSA instructions
	• On duty law enforcement and emergency medical vehicles may utilize the Nexus or emergency Lanes (if available) in order to cross through our Port of Entries (this makes the process much quicker considering there are extremely low volumes expected in these lanes).
	• Our policy states that personnel must stop at the Nexus or emergency lane booth, provide identification and be subject to normal inspection requirements. However, with emergency situations where the well being of a traveler may be negatively impacted by the delay, EMS vehicles will likely be waved through without any reporting requirements. In which case, documentation would not be required.
	• Drivers of vehicle transporting equipment and personnel should adhere to the following:
	  • Carry 2 copies of the equipment list including serial numbers or other uniquely identifiable markings;
	  • Present the list to CBS A for clearance approval upon entry;
	  • Report to a CBSA ot1ice prior to leaving Canada so that the temporary admission documents can be cancelled if completed on entry		

Follow USCBP instructions for best crossing locations and routes (Each entity must identify methods of contacting POCs that have responsibility and authority to meet this need) Following information should be provided:	USCBP The processes are essentially the same. • Notify the port of entry closest to the emergency as soon as possible with information of persons who will be seeking entry into the U.S., patients, doctors, nurses, drivers etc, and nature of the emergency and final destination. • Port personnel will be awaiting arrival of the emergency vehicles and will conduct their inspections accordingly. • Proof of identity/citizenship is required as		

• Name • Date of Birth • Drivers license, Passport # if available • Arrest history if available Contact the FDA Office of Crisis Management, Emergency Operations 24/7 # 301-443-1240	outlined in WHTI to seek entry into the U.S. (waivers of documents are available on a cases by case basis). • There is no blanket exemption for these occurrences for exempting the inspection of pilots, crew and passengers on board an air ambulance responding to or from an emergency in a foreign country, and seeking entry into the United Sates;		
Rendezvous with requesting officials at identified locations	Per Incident Commander (IC) request instructions and agreements		
Accounted for medical staff at the predetermined location or staging area.	Contact IC and use ICS forms when available.		
Provide patient <u>care</u> as needed and requested by medical control hospital and Public Health, etc.	Per patient care protocols, guidelines, emergency response plans and agreements		
Provide patient <u>movement</u> as needed and requested by medical control hospital and Public Health, etc.	Per procedures, emergency response plans and agreements		
Notify Incident command and responding agency or facility if a patient is returned to the original state or province. This is to assure patient accountability and potential infectious control issues.	Potential patients may not be accepted into a country. Unless paroled (USCBP), the patient may be returned to the original country.		
Recover /Demobilize	*Scale down* per emergency response plans and agreements		
Assemble all reports and documents	Per ICS, emergency response plans and agreements		
Mitigate	Per emergency response plans and agreements		